

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. 10/578,448
Filing Date _____
Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		12						57					
8		21						58					
9		12						59					
10		21						60					
11		12						61					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	/		↓		↓		↓						
TOTAL DEP.	10		←		←		←		↓		↓		↓
TOTAL CLAIMS	11							←		←		←	